

## MILPERSMAN 1300-1300

### ASSIGNMENT OF PERSONNEL WITH BLOODBORNE PATHOGENS (BBP)

<b>Responsible Office</b>	NAVPERSCOM (PERS-454)	Phone:	DSN COM	882-3201 (901) 874-3201
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<b>Reference(s)</b>	(a) DODINST 6485.01 (b) SECNAVINST 5300.30E (c) SECNAVINST 1850.4E (d) SECNAVINST 5211.5E (e) NAVMED P117, Manual of the Medical Department (f) BUMED 1300.2A
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1. **Policy.** Assignment policy for personnel infected with bloodborne pathogens (BBP) is governed by references (a) and (b). The procedures outlined herein ensure personnel infected with BBP have the opportunity to fill valid billets.

a. Military personnel who demonstrate no evidence of unfitting medical conditions associated with human immunodeficiency virus (HIV) infection shall be retained in the service, unless some other reason for separation exists.

b. HIV-infected service personnel, who may not be considered fit for continued naval service due to a non-HIV condition which may constitute a disability, shall be referred to the Integrated Disability Evaluation System (IDES) under reference (c).

c. Assignment restrictions cannot be imposed on BBP-infected Service Members, except as delineated by this article and by reference (b). Any proposed changes in assignment policy which affect BBP-infected Service Members must be coordinated with Navy Personnel Command (NAVPERSCOM), Career Management Department (PERS-454) per reference (b).

## 2. Definitions

a. **BBP:** Pathogenic microorganisms, transmitted via human blood, which cause disease in humans. They include, but are not limited to, hepatitis B and C and human immunodeficiency virus (HIV).

b. **HIV:** Either of two retroviruses which infect and destroy helper-T cells of the immune system causing the marked reduction in their numbers that is diagnostic of acquired immunodeficiency syndrome (AIDS).

3. **Confidentiality.** Maintaining the confidentiality of personnel infected with BBP is absolutely essential. Correspondence, e-mails, and verbal or telephonic discussions regarding BBP infected personnel will be limited to: the BBP infected member, personnel within NAVPERSCOM who have a demonstrated need to know in order to perform their duties and assign these personnel, the commanding officer (CO) of the proposed gaining command, the senior medical officer (SMO) or senior medical department representative (SMDR) of the proposed gaining command or that supports that command, and the medical treatment facility personnel. Strict compliance with the provisions of the Privacy Act is required per reference (d).

a. Electronic correspondence (e-mail) regarding BBP infected personnel containing names, social security numbers, or other personally identifying information (PII) shall be digitally signed and public key infrastructure-encrypted. In the event encryption is not possible, the only authorized means of electronically transmitting PII is through use of Department of Defense (DoD) Safe Access File Exchange (SAFE).

b. Hard-copy correspondence must be pre-coordinated before mailing to NAVPERSCOM (PERS-454). If used, all hard-copy correspondence regarding BBP personnel which contains names, social security numbers, or other PII shall:

(1) Be double wrapped with the inner layer labeled "FOR OFFICIAL USE ONLY-PRIVACY SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties."

(2) Use DD 2923 "Privacy Act Data Cover Sheet" as appropriate.

(3) Be mailed to only those with an official need to know.

(4) Be sent via a mailing service that can provide tracking information.

(5) Be handled and destroyed per Department of Defense (DoD) privacy directives.

4. **Assignment Procedures.** The Assistant Commander, Navy Personnel Command (ACNPC) for Career Management (PERS-4), will coordinate policy and assignment for all Navy personnel infected with BBP. Service Members with BBP may not be assigned or reassigned without NAVPERSCOM (PERS-4) approval.

a. When a Service Member is initially identified as having HIV or other BBP upon overseas screening, operational screening, or in the normal course of healthcare services, the Navy Bloodborne Infection Management Center (NBIMC) will notify NAVPERSCOM (PERS-454) and the Service Member's CO.

(1) For a new diagnosis of an HIV positive member, the CO will arrange for the timely notification of the Service Member and transfer to a HIV Evaluation Unit (HETU).

(2) A newly diagnosed HIV positive Service Member may require immediate reassignment to comply with reference (b). If qualified, rating conversion may be an additional option; see MILPERSMAN 1440-010 for information on rating conversion.

(3) Per reference (e), Chapter 15, personnel in special communities such as aviation duty, diving duty, special warfare, or submarine duty who are diagnosed HIV positive also need a Bureau of Medicine and Surgery (BUMED) waiver of medical standards to continue in these programs.

(4) Service Members who are initially diagnosed with chronic Hepatitis B or C are evaluated by either infectious disease or gastroenterology specialty physicians at a local Navy medical treatment facility (MTF). Treatment will follow appropriate clinical guidelines. Service Members with chronic Hepatitis B or C who have failed treatment, who are not candidates for treatment, or who have complications from the infection which impair their ability to perform the required duties of rank and rate, are referred to the Integrated Disability Evaluation System (IDES).

b. Service Members who have been identified as having a BBP and are approaching their projected rotation date (PRD) shall

contact their detailer to negotiate appropriate orders. NAVPERSCOM (PERS-4) detailers will coordinate with NAVPERSCOM (PERS-454) to ensure the healthcare at the receiving command is capable of supporting the member. Privacy Act standards must be adhered to in this process.

c. Per reference (b), the Secretary of the Navy shall be advised 30 days in advance of the assignment of a Service Member of each type of limitation in assignment or duties and the specific reasons therefor.

d. Any questions regarding assignments should be referred to NAVPERSCOM (PERS-454).

5. **Procedures for Outside the Continental United States (OCONUS) or Operational Orders.** On a case-by-case basis, in consultation with the treating HETU, NBIMC, and NAVPERSCOM (PERS-454), certain personnel who are considered to have controlled BBP infection, per reference (b), may be considered for assignment to commands described in Exhibit 1. Personnel with a BBP will not be considered for overseas Individual Augmentee (IA) tours, given the austere environments and limited medical facilities where they potentially could be placed. The process for personnel with a BBP infection to request and receive OCONUS or operational orders is outlined below.

a. In consultation with his or her infectious disease physician, a member with a BBP desiring an OCONUS or operational assignment shall:

(1) Submit a request (see Exhibit 2) to NAVPERSCOM (PERS-454).

(a) The member will acknowledge in the request that he or she understands that the process will require additional personnel to know of their medical condition, and that he or she will be prohibited from taking liberty, leave, or temporary duty in countries that have entry restrictions applicable to persons with BBP, such as HIV.

(b) The member should consult with Web site [www.hivtravel.org](http://www.hivtravel.org) for the most current information on country restrictions on entry, stay, and residence of HIV positive persons to ensure he or she understands the scope of countries that have restrictions that may be applicable to the OCONUS or operational assignment desired.

(2) Follow normal procedures to determine potential OCONUS or operational assignment to commands described in Exhibit 1.

(a) Enlisted members will follow regular procedures of MyNavy Assignment (MNA) entry.

(b) Officers will contact their detailers directly.

b. Upon receipt of Exhibit 2 and notification from the member's detailer of a requested OCONUS or operational assignment, NAVPERSCOM (PERS-454) shall:

(1) Inform the CO of the proposed gaining command that the member has requested assignment to his or her command, and request a response per Exhibits 3 and 4 within 10 calendar days.

(2) Inform the senior medical officer (SMO) or senior medical department representative (SMDR) of the proposed gaining command, or who supports the proposed gaining command, that the member has requested assignment to his or her command or a supported command, and direct Exhibit 4 be provided to the CO of the proposed gaining command within 5 calendar days.

c. The CO of the proposed gaining command shall, within 10 calendar days of notification, submit Exhibit 3 to NAVPERSCOM (PERS-454) stating whether or not he or she will accept the member at the command. The SMO/SMDR letter of recommendation (Exhibit 4) shall be an enclosure to Exhibit 3. Letters signed "By direction" will not be accepted. A negative response must be thoroughly explained and notification made to the CO's immediate supervisor in command.

(1) In determining if the assignment at his or her command is appropriate, the CO must take into consideration the legal restrictions on travel of HIV positive persons in various countries and the impact such a restriction would have on mission accomplishment. The CO must consult Web site [www.hivtravel.org](http://www.hivtravel.org) for current information on a country's entry restrictions for HIV positive persons.

(2) Based on the CO's understanding of his or her operational mission and the billet, he or she can determine the likelihood that the member would be required to enter a country prohibiting entry of HIV positive persons, due to TAD,

deployment, a port visit, etc. The fact that a member will be unable to have liberty in a particular port(s) (if visited) will normally not justify a negative response on its own because the member is agreeing to forgo such liberty in order to obtain the requested orders.

d. Upon receipt of the CO's decision on acceptance of the member, NAVPERSCOM (PERS-454) will:

(1) If the CO's response was positive, notify the detailee that orders can be issued.

(2) If the CO's response is negative, examine the justification to determine if the command has a valid operational or medical concern. If the concern is medical, NAVPERSCOM (PERS-454) will work with the proposed gaining command CO/SMO/SMDR to resolve the medical concern if possible.

(3) If the concerns of the proposed gaining command CO cannot be resolved, then NAVPERSCOM (PERS-454) will notify the detailee that the member will not be given orders to the requested billet and must continue to negotiate orders to other potential billets. If the next requested billet is OCONUS or operational, the detailee will again notify NAVPERSCOM (PERS-454) of the requested billet, and the above process will be followed.

e. Upon receipt of orders or letter of intent, the member will initiate the overseas screening, sea duty screening process immediately per references (f), MILPERSMAN 1300-300, 1300-302, 1300-304, 1300-800, and 1306-801 (as applicable).

6. **Responsibilities**. All personnel must ensure the medical information of a member is protected per Health Insurance Portability and Accountability Act and the Privacy Act (as appropriate). Adherence to the process timelines for OCONUS and operational orders is very important to the commands' manning levels and prioritization of outstanding requisitions.

a. Member:

(1) Negotiate CONUS orders via MNA.

(2) Prior to negotiating OCONUS or operational orders with detailee or requesting such an assignment via MNA, must

submit a request, per Exhibit 2, to NAVPERSCOM (PERS-454) and receive confirmation of receipt.

b. NAVPERSCOM (Pers-454):

- (1) Set BBP assignment policy;
- (2) Track Exhibits 2 through 4 and apply appropriate privacy safeguard measures to these documents;
- (3) Coordinate assignment with detailers, gaining command CO/SMO/SMDR, and Service Members;
- (4) Upon notification from detailer of a request for OCONUS or operational assignment, promptly advise proposed gaining command CO and SMO/SMDR of member's request and the required CO decision, with SMO/SMDR recommendation, within 10 calendar days of the notification.

c. Detailer:

- (1) Coordinate with constituents and NAVPERSCOM (PERS-454) for assignments.
- (2) Obtain approval from NAVPERSCOM (PERS-454) prior to accepting constituent requests for OCONUS or operational assignments.
- (3) (Enlisted detailers) shall notify NAVPERSCOM (PERS-40) immediately, if the processing time for the exhibits exceed the requisition take-up time (requisition ages out) which was negotiated with the member.
- (4) Shall immediately notify NAVPERSCOM (PERS-454) if a member who negotiated orders to an OCONUS or operational assignment is subsequently found to be unsuitable.

d. BUMED:

- (1) Code (M3/5) shall provide guidance to commands upon initial detection of members who are positive for HIV or other BBP.
- (2) Code (M8) shall provide travel for initial evaluation and treatment of HIV positive members.

e. SMO/SMDR:

(1) Ensure the member has been approved through the overseas screening or operational screening process (references (f), MILPERSMAN 1300-300, 302, 304, 1300-800 and 1306-801 for all conditions other than BBP.

(2) Upon notification by NAVPERSCOM (PERS-454), SMO/SMDR for the proposed gaining command must determine whether the command is capable of treating the member with BBP and make recommendations to the proposed gaining command CO regarding acceptance of the member using Exhibit 4. Exhibit 4 must be personally signed and submitted to the CO within 5 calendar days of notification by NAVPERSCOM (PERS-454) of intent to assign a Service Member with BBP to a command under his or her cognizance. Signature authority may **not** be delegated. A negative placement recommendation must be justified.

f. Proposed Gaining Command CO:

(1) Upon notification by NAVPERSCOM (PERS-454) and within 10 calendar days of notification, shall submit their decision in the form of Exhibit 3 with Exhibit 4 enclosed, to NAVPERSCOM (PERS-454) stating whether or not he or she will accept the member at the command. "By direction" authority will **not** be accepted. Negative placement decisions must be justified and notification made to the CO's immediate supervisor in command.

(2) Utilize information contained in Web site [www.hivtravel.org](http://www.hivtravel.org) on countries with entry prohibitions for persons who are HIV positive in making decision provided to NAVPERSCOM (PERS-454).

(3) Acknowledge in decision (Exhibit 3) that if an HIV positive member is given orders to his or her command, the CO will ensure the member does not enter a country that prohibits entry of persons who are HIV positive, whether on liberty, leave, or in a duty status.

7. Navy Personnel Command Support and Reporting Requirements

a. NAVPERSCOM (PERS-454) will establish and maintain offline electronic records (as necessary) to administer the BBP Program and respond to regular and ad hoc inquiries regarding Service Members with BBP. Appropriate privacy safeguard



measures will be exercised per (DoD) directives. Any command inquiries, regarding personnel with BBP, should be referred to NAVPERSCOM (PERS-454) for coordination of the response.

b. NAVPERSCOM (PERS-3), Records/Data Maintenance Quality Division will provide query support from existing military personnel systems to NAVPERSCOM (PERS-4), as needed.

**EXHIBIT 1**

**LIST OF COMMAND TYPES ELIGIBLE FOR OVERSEAS OR OPERATIONAL ASSIGNMENT OF  
MEMBERS WITH BLOODBORNE PATHOGENS**

1. The following OCONUS medical facilities are capable of providing medical services to members with identified bloodborne pathogens (BBP):

NAVHOSP ROTA SP  
NAVHOSP NAPLES IT  
NAVHOSP SIGONELLA IT  
NAVHOSP GUAM MI  
NAVHOSP YOKOSUKA JA  
NAVHOSP OKINAWA JA  
NHLTHCLINIC HAWAII HI (TRIPLER Army Medical Center)

2. Members with BBP may request assignment to OCONUS/operational commands supported by and within a 2 hour driving radius of the naval hospitals listed above.

3. Members with BBP may also request assignment to arduous sea duty aboard CVNs, LHAs, or LHDs.

EXHIBIT 2

(Date]

From: HML Navy A. Sailor, USN or USNR  
To: Commander, Navy Personnel Command (PERS-454)  
Subj: OCONUS/OPERATIONAL ASSIGNMENT REQUEST/ACKNOWLEDGEMENT  
Ref: (a) MILPERSMAN 1300-1300

1. Per reference (a), I request an OCONUS/operational assignment.
2. As a Service Member with an identified bloodborne pathogen, I make this request voluntarily, acknowledging and understanding the following:
  - a. I have read and understand reference (a).
  - b. Placement in an OCONUS/operational assignment will necessitate disclosure of health information to additional personnel due to the screening process for such an assignment. However, per the Health Insurance Portability and Accountability Act and the Privacy Act, my medical information will only be shared with those having a need to know to process my request.
  - c. I must not donate blood to the blood programs/blood agencies within CONUS and OCONUS, or participate in the "walking blood bank."
  - d. There are countries that restrict or prohibit entry, stay, or residence of persons who are HIV positive, and I can refer to [www.hivtravel.org](http://www.hivtravel.org) for information on each country's HIV related travel restrictions. These laws may impact whether or not I receive the OCONUS/operational orders requested. I acknowledge that if I receive OCONUS/operational orders and such a restriction or prohibition applies to me, I will not be allowed to enter such a country on liberty, leave, or any duty status.
  - e. I am under no obligation to request an OCONUS/operational assignment; however, not serving in an operational assignment may have an impact on my ability to be competitive for promotion. By submitting this request, I understand that I may receive orders to an OCONUS/operational assignment and be subject to the restrictions outlined above.
3. To further discuss assignments, I may be reached at (123)456-7890 or navy.sailor@navy.mil.

N. A. Sailor

EXHIBIT 3

1300  
Ser  
[Date]

From: Commanding Officer, [USS FUTURE SHIP/COMMAND]  
To: Commander, Navy Personnel Command (PERS-454)

Subj: ACCEPTANCE OF SERVICE MEMBER WITH BLOODBORNE PATHOGEN

Ref: (a) MILPERSMAN 1300-1300

Encl: (1) [SMO/SMDR Recommendation]

1. I have been advised that [Rank/Rate Name, USN or USNR, designator for officers] with an identified Bloodborne Pathogen has been selected for assignment to my command.
2. I have read reference (a), and completely understand my obligation under the Privacy Act to protect this member's health information. Information regarding this member will only be discussed on an as needed basis and only with those possessing a need to know.
3. I have consulted my [senior medical officer/senior medical department representative] regarding the ability to provide care for this member. [His/Her] recommendation is provided as enclosure (1).
4. (Include this paragraph if BBP of member is HIV) In making this decision, I have taken into consideration country restrictions on entry of HIV positive persons found at [www.hivtravel.org](http://www.hivtravel.org) and the impact such restrictions would have on mission accomplishment should this member be accepted into the proposed billet. I understand that I must ensure an HIV positive member of my command does not enter a country that prohibits entry of persons who are HIV positive, whether on liberty, leave, or in a duty status.
5. I [am/am not] willing to accept placement of [Rank/Rate Name] at my command. [Provide justification for a negative response.]
6. For further discussion of this matter, I may be reached at [commanding.officer@futureship.navy.mil](mailto:commanding.officer@futureship.navy.mil) or (123)456-7890.

C. O. FUTURESHP

**EXHIBIT 4**

[Date]

From: [Senior Medical Officer/Senior Medical Department Representative],  
[USS FUTURE SHIP/COMMAND]

To: Commanding Officer, [USS FUTURE SHIP/COMMAND]

Subj: ACCEPTANCE OF SERVICE MEMBER WITH BLOODBORNE PATHOGEN

Ref: (a) MILPERSMAN 1300-1300

1. I have been advised [Rank/Rate Name, USN or USNR, designator for officers] with an identified Bloodborne Pathogen has been selected for assignment to [USS FUTURE SHIP/Command Name].

2. I have read reference (a), and completely understand my obligation under the Health Insurance Portability and Accountability Act and Privacy Act to protect this member's health information. Information regarding this member will only be discussed on an as needed basis and only with those possessing a need to know.

3. As the [senior medical officer/senior medical department representative], I understand the care requirements for this individual. I [am/am not] capable of providing the medical resources necessary for this Sailor to maintain his or her health. [If stating not capable, provide explanation.]

4. I [recommend/do not recommend] placement of [Rank/Rate Name] on board [USS FUTURE SHIP/Command Name]. [Provide justification for a negative recommendation.]

5. For further discussion of this matter, I may be reached at SMO@futureship.navy.mil or (123)456-7891.

I. B. DOCTOR

## MILPERSMAN 1300-1306

### ACTIVE DUTY PREGNANCY POLICY AND PLACEMENT PROCEDURES

<b>Responsible Office</b>	NAVPERSCOM (PERS-454)	Phone:	DSN COM	882-3867 (901) 874-3867
NAVPERSCOM CUSTOMER SERVICE CENTER		Phone:	Toll Free	1-866-U ASK NPC

<b>Reference (s)</b>	(a) COMNAVRESFORINST 6000.1E (b) SECNAVINST 1000.10A (c) OPNAVINST 6000.1C (d) COMFLTFORCOM/COMNAVPERSCOMINST 1300.1A (e) NAVMED P-117, Manual of the Medical Department (MANMED) (f) OPNAVINST 1220.1E
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1. **Purpose.** This article standardizes procedures for the assignment, accountability, and disposition of active duty (Active Component and Full Time Support), enlisted and officer, pregnant military personnel (hereafter referred to as Service members). Refer to reference (a) for Reserve Component pregnant Service members.

2. **Background.** Per reference (b), pregnant Service members are fully participating members of the Navy team. Pregnancy is a natural event that can occur in the lives of Service members and is not a presumption of medical incapability. Pregnancy could, however, affect a command's operational readiness by temporarily limiting a Service member's ability and availability to perform all assigned tasks.

#### 3. **Definitions**

a. **Distribution Navy Enlisted Classification Code (DNEC) 0054** - A code that is assigned by Navy Personnel Command (NAVPERSCOM), Deployability Assessment Branch (PERS-454) to a pregnant enlisted Service member upon receipt of official notification of pregnancy, in receipt of operational deferment orders, or a Service member who remains onboard a shore tour and

is within 9 months of her original projected rotation date (PRD). Service members with DNEC 0054 will have their PRDs automatically adjusted to 12 months post-delivery by PERS-454. However, if the Service member's initial PRD was equal to or greater than 12 months post-delivery, the PRD will remain unchanged and the Service member will not be assigned DNEC 0054.

b. **Pregnancy (Class "DP" Availability (AVAIL))** - Per MILPERSMAN 1306-1702, a DP AVAIL is a request from a command to make an enlisted pregnant Service member available for operational deferment permanent change of station (PCS) orders. A DP AVAIL is also required for students to continue training at a school activity due to pregnancy, and students who will complete current course of instruction, but not attend further training. Additionally, a new DP AVAIL is also required for Service members attached to a non-operational activity when an assigned pregnancy tour length will exceed the Service member's PRD. Lastly, a new DP AVAIL is to be submitted for subsequent pregnancies during assigned pregnancy tour.

c. **Non-Operational Commands** - For officers, officer onboard type assignment code (TAC) S, O, A, or H are non-operational. For enlisted, type duty 1, 3, and 6 are non-operational.

d. **Operational Commands** - For officers, TAC C or D are operational. For enlisted, type duty 2 or 4 are operational.

e. **Official Notification of Pregnancy** - Per reference (c), commanding officer (CO) or officer in charge (OIC) must be notified of pregnancy in writing, and as soon as possible, but no later than 2 weeks after official notification by health care provider (HCP).

f. **Operational Deferment Tour** - The period of time from official notification and placement of pregnant Service members from an operational command to a non-operational command. A Service member who gives birth will be deferred from all transfers (e.g., PCS, temporary additional duty, etc.) to operational assignments for the duration of pregnancy, delivery, and 12 month period following delivery or 6 month period following stillbirth or neonatal demise (infant death 0-28 days following birth).

g. **Operational Deferment Tour Termination Request** - At any point following completion of maternity leave, Service members may request to terminate their 12-month postpartum operational deferment in order to return to an operational command (TAC C or D (officers) or type duty 2 or 4 (enlisted)). Requests must be initiated by the Service member, per reference (c), using NAVPERS 1301/85 Officer Personnel Action Request or NAVPERS 1306/7 Enlisted Personnel Action Request which may be accessed using the following Web address: <http://www.public.navy.mil/bupers-npc/reference/forms/NAVPERS/Pages/default.aspx>. Service members must initiate requests, per reference (c), using NAVPERS 1301/85 Officer Personnel Action Request or NAVPERS 1306/7 Enlisted Personnel Action Request. Requests will be accompanied by an endorsement from the Service member's primary care manager or obstetric provider to ensure there are no medical issues associated with returning to TAC C and D (officer) or type duty 2 or 4 (enlisted) duty. Requests will be granted on a case-by-case basis by the cognizant detailer.

h. **Waiver to Remain on Board** - A request from the member to remain onboard an operational command during the period of pregnancy and 12 months post-delivery. The waiver must be submitted to the cognizant detailer for officers or PERS-454 for enlisted. The waiver must include endorsements from the Service member, the CO or OIC, and the HCP. All endorsements must be on command letterhead. The Service member may request at any time to cancel the waiver, necessitating transfer to shore.

#### 4. **Responsibilities**

a. **CO or OIC (Operational Commands):** Must designate (in writing) a qualified and trained deployability coordinator to work in concert with the medical treatment facility (MTF) to report and track all pregnant Service members.

b. **CO or OIC (Non-Operational Commands):**

(1) Must designate (in writing) a qualified and trained deployability coordinator to work in concert with the MTF to report and track all pregnant Service members.

(2) Must ensure compliance with MILPERSMAN 1050-435 for administration of maternity leave.



**c. Command Deployability Coordinator (Operational Commands) :**

(1) Process, track, and monitor Service members identified as pregnant by MTFs. Be responsible for receipt of official notification of pregnancy, notifying the chain of command.

(a) Process DP AVAILS (when required) for pregnant enlisted Service members, per MILPERSMAN 1306-1702, and send copy of the DP AVAIL to pregavail-tld@navy.mil.

(b) Send a copy of the officer's pregnancy notification from the servicing MTF to PERS-454 functional mailbox at: mil DAOPers-454@navy.mil.

(2) Report all pregnant Service members that are returned early from outside of the continental United States (OCONUS) into Bureau of Naval Personnel (BUPERS) Online (BOL). It is essential to maintain close liaison with MTFs and PERS-454.

(3) Comply with all requirements regarding the management of pregnant Service members outlined in this article, references (b) through (e), and all associated relevant instructions.

(4) Ensure, as operational requirements dictate, the pregnant Service member does not remain onboard for deployments after notification of pregnancy or after the 20<sup>th</sup> week of gestation, if ship is in port or command is not deploying without an approved waiver per reference (c). Service members may not remain onboard an operational command if either the Service member or the unborn child(ren)'s health may be jeopardized (e.g., potential exposure to electricity, hazardous fluids, heavy lifting, hazardous noise levels, etc.).

(5) If the Service member requests a waiver to remain onboard an operational command, the complete package must be received, processed, and adjudicated by the cognizant detailer for officers or PERS-454 for enlisted before the 20<sup>th</sup> week of gestation. Packages will be rejected if the pregnant Service member's postpartum period (i.e., 12 months post-delivery) exceeds the current PRD, unless the Service member waives the portion of the operational deferment period that exceeds PRD.

(6) During this process, if a Service member is identified through the MTF as no longer being pregnant, the following actions must take place:

(a) For enlisted Service members, if a DP AVAIL was submitted and the Service member's orders have not been released, submit a cancellation DP AVAIL to PERS-454 to e-mail: pregavail-tld@navy.mil.

(b) For enlisted Service members, if a DP AVAIL was submitted and the Service member's orders have been released, a Navy message requesting cancellation of orders must be submitted to the appropriate rating detailer. Also, a termination of pregnancy tour requirement (DY) AVAIL must be entered into the Navy Standard Integrated Personnel System per MILPERSMAN 1306-1702.

(c) For officers, notify PERS-454 via e-mail: mil DAOPers-454@navy.mil and the cognizant detailer for order modification as necessary.

(7) Ensure all pregnant Service members' data (officer or enlisted) are entered into the Medical Readiness Reporting System (MRRS) upon official notification of pregnancy.

**d. Command Deployability Coordinator (Non-Operational)**

(1) Process, track, and monitor Service members identified as pregnant by MTFs. Be responsible for receipt of official notification of pregnancy, notifying the chain of command and processing DP AVAILS (when required) for enlisted pregnant Service members, per MILPERSMAN 1306-1702, and send copy of the DP AVAIL to e-mail: pregavail-tld@navy.mil.

(2) Send a copy of the officer's pregnancy notification from the servicing MTF to PERS-454 functional mailbox at: mil DAOPers-454@navy.mil.

(3) Report all pregnant Service members that are returned early from OCONUS into BOL. It is essential that coordinators maintain close liaison with MTFs and PERS-454.

(4) Comply with all requirements regarding the management of pregnant personnel outlined in this article,

references (b) through (e), and all associated relevant instructions.

(5) Ensure all pregnant Service members' data (officer or enlisted) is entered into the MRRS upon official notification of pregnancy.

**e. MTF Deployability Coordinator**

(1) Be designated in writing as a deployability coordinator per reference (e), chapter 18 (formally known as a limited duty (LIMDU) coordinator).

(2) Ensure completion of temporary NAVPERS 1070/613 Administrative Remarks per reference (c).

(3) Ensure all pregnancies are entered into MRRS.

(4) Report when a Service member is no longer pregnant to the command deployability coordinator.

**f. Service Members**

(1) Are expected to balance the demands of a naval career with their family plans and responsibilities per reference (c).

(2) Must seek confirmation of pregnancy by a military HCP or civilian HCP in cases of inaccessibility to a MTF as soon as possible after pregnancy is suspected.

(3) Must notify their CO or OIC of a pregnancy as soon as possible, but no later than 2 weeks after notification of pregnancy by the HCP. This will facilitate planning a replacement requisition if the Service member is at an operational command.

(4) Must report as soon as possible after confirmation of pregnancy to the supporting MTF to establish a prenatal care program.

(5) Are required to notify NAVPERSCOM when they are at a non-operational command and are within 12 months of their PRDs as follows:

(a) Enlisted Service members must submit DP AVAIL, per MILPERSMAN 1306-1702, requesting a PRD extension to complete the 12-month post-delivery operational deferment with one of the following:

1 Associated official notification of pregnancy if pre-delivery; or

2 Birth certificate if post-delivery.

(b) Officer Service members must request a PRD extension to complete the 12-month post-delivery operational deferment, unless they plan to submit an operational deferment waiver, per reference (c), by notifying their cognizant detailers with one of the following:

1 Associated official notification of pregnancy if pre-delivery; or

2 Birth certificate if post-delivery.

(6) Are required to contact their detailers within 12 months of expiring operational deferment to seek deployability when they are in an operational deferment status.

(7) Who experience a spontaneous non-elective abortion should seek evaluation by their HCP to determine the appropriate convalescent leave period needed to return to a deployable status. Service members who have a third trimester loss, who give birth to a stillborn child, or have a neonatal demise are entitled to 6 months of operational deferment consistent with return to physical readiness standards per reference (c). Pregnancy and parenthood status must be made known to designated command officials while ensuring the Service member's privacy.

(8) Who are participating in an infertility evaluation and treatment program are required to notify their commands with a letter from their HCPs to include the duration of the treatment and the potential dates for minor procedures.

**5. Pregnant Service Members Assigned to a Temporary Limited Duty (TLD) or Physical Evaluation Board (PEB)**

a. Upon receipt of official notification of TLD (e.g., LIMDU) or PEB status, the command must adhere to MILPERSMAN 1301-225 for officers or MILPERSMAN 1306-1200 for enlisted, along with any other pertinent directives associated with the member's medical status. The period of pregnancy will take precedence over any period of TLD or PEB.

b. Service members will be medically screened for continuation in a TLD or PEB status 42 days after delivery and processed per MILPERSMAN 1301-225 or 1306-1200 and any other pertinent directives.

**6. Pregnant Service Members Overseas**

a. Unless waived, all single E-3 and below Service members who become pregnant overseas must be returned to CONUS. Single pregnant E-3 and below Service members may request to remain OCONUS via a waiver through NAVPERSCOM, Enlisted Distribution Division (PERS-40) via PERS-454 with CO or OIC endorsement, after completion of a personal financial review with a command financial specialist. Other considerations include, but are not limited to, occupational considerations, social support, and Service member preference. A DP AVAIL must be submitted on all single E-3 and below Service members who are identified as pregnant while OCONUS, including Hawaii and Guam.

b. E-4 and above single Service members who become pregnant OCONUS will remain OCONUS, unless the Service member is assigned to a remote location and or obstetrics/gynecology care is unavailable, in which case submission of a DP AVAIL is required. If appropriate care is not available, the local MTF must provide written notice to the Service member's CO or OIC stating that care exceeds the capabilities of the local MTF, thus necessitating an Early Return Request message, per MILPERSMAN 1300-306, to CONUS.

c. The MTF must furnish a notification of pregnancy to the Service member's CO or OIC. The deployability coordinator or command career counselor must enter all pregnant Service members who are returned early from OCONUS into BOL. High risk pregnancies, as identified by the MTF, will be returned to CONUS per MILPERSMAN 1300-306.

7. **Second or Subsequent Pregnancy Tours.** Service members who become pregnant while assigned to an operational deferment tour at a non-operational command will notify their chain of command as soon as possible, but no later than 2 weeks after notification of pregnancy by the HCP. Per MILPERSMAN 1306-1702, upon receipt of official notification of pregnancy from the MTF, the command must submit a DP AVAIL requesting adjustment of the enlisted Service member's PRD. Pregnant officers will notify their cognizant detailers to request PRD adjustments.

8. **NAVPERSCOM (PERS-454) Process**

a. **Placement Policy.** PERS-454 is the central coordinator for the placement and assignment of pregnant enlisted Service members. The function of this central coordination point is to equitably distribute pregnant enlisted Service members.

b. **Placement Processes.** Upon receipt of DP AVAIL, PERS-454 will review the placement and assignment options. Per reference (d), a pregnant enlisted Service member assigned to this status will be placed in an excess refillable requisition billet provided by NAVPERSCOM based on the following guidelines:

(1) Prior to recommending assignments to the rating detailer, PERS-454 will consider the previous medically unrestricted (ACC 100) area type code, the Service member's rating, and the equitable distribution of pregnant enlisted Service members in a geographical area.

(2) Members are assigned in close proximity to an MTF capable of providing the required care.

(3) To satisfy PCS cost constraints, as well as personnel requirements, other factors are considered in making assignments, including the location of dependents, the Service member's past type duty, expiration of active obligated service, and any medical considerations (e.g., high risk pregnancy) identified by the MTF.

(4) PERS-454 will coordinate with NAVPERSCOM, Nuclear Power/Submarine Distribution Branch (PERS-403) to ensure nuclear-trained enlisted Sailors are placed at nuclear shore commands for their pregnancy tours.

c. Pregnant officers must notify their detailers. The detailer will coordinate officer placement.

9. **Nuclear Trained Service Members.** Per reference (f), nuclear trained Service members who are not assigned duty associated with the operation, maintenance, or supervision of a nuclear propulsion plant whose tour exceeds the nominal tour length (36 months), will be evaluated by Office of the Chief of Naval Operations (OPNAV), Nuclear Propulsion Program Management Branch (N133D) for nuclear proficiency.

10. **Spouse Collocation.** This process, which is managed by the members' detailers, is considered during operational deferment tour placement per MILPERSMAN 1300-1000.

11. **Reenlistment/Extension While in DNEC 0054.** An enlisted member who has been coded as DNEC 0054 must be processed for retention pursuant to MILPERSMAN 1160-030 and 1160-040. At no time will DNEC 0054 prohibit the processing of a reenlistment application. Additionally, the mere existence of pregnancy does not guarantee retention beyond current EAOS.

## MILPERSMAN 6120-010

### ENLISTED PHYSICAL QUALIFICATIONS FOR CERTAIN DUTY ASSIGNMENT AND PHYSICAL EXAMINATION/MEDICAL SCREENING PRIOR TO TRANSFER OF DUTY

<b>Responsible Office</b>	NAVPERSCOM (PERS-40)	Phone:	Toll Free	1-866-U ASK NPC
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<b>References</b>	(a) OPNAVINST 1300.15A (b) OPNAVINST 6000.1B (c) NAVMED P-117, Manual of the Medical Department (MANMED) (d) BUMEDINST 1300.2A
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1. **Policy.** Medical screening is required by references (a) and (b) for military personnel prior to transfer or assignment to certain duty.

2. **Examples of Screening Requirements**

- a. Mandatory urinalysis for "A" School attendees.
- b. Overseas screening requirements.
- c. Human Immunodeficiency Virus (HIV) testing for overseas assignment.

Upon completion of the appropriate screening, health and dental records will be updated, certifying completion of the required screening. Additionally, personnel transferred for separation shall be physically examined as required in MILPERSMAN 1900-808. Personnel transferred for overseas assignment shall be physically examined as required in MILPERSMAN 1300-304.



3. Special Requirements for Certain Duty Assignment

a. In addition to the physical qualification requirements for enlistment and separations, there are special requirements for certain types of duty such as the following:

Aviation training and duty.
Submarine training and duty.
Nuclear power training and duty.
Diving training and duty.
Antarctic Expedition Program.
State Department duty.
Personnel applying for service schools.
Detachments to sea duty or duty outside the 48 contiguous United States and District of Columbia.
Applicants for food handler ratings.
All rates or specified duty in which special physical requirements apply.

b. Prior to forwarding requests, when applicable, to Navy Personnel Command (NAVPERSCOM) concerning duties listed above, applicants shall be examined physically per reference (c) and suitable notation shall be made of the results of the examination, giving the nature of defects, if any, in sufficient detail to permit proper departmental review.

c. Personnel suffering from active venereal disease, or other diseases requiring periodic treatment under supervision of a medical officer, shall not be assigned to a ship or station where there is no medical officer attached.

d. References (a) through (d) refer.

## MILPERSMAN 6120-020

### PHYSICAL EXAMINATION AND MEDICAL SCREENING OF OFFICER PERSONNEL PRIOR TO TRANSFER

<b>Responsible Office</b>	NAVPERSCOM (PERS-451C)	Phone:	DSN	882-4173
			COM	(901) 874-4173

<b>References</b>	(a) BUMED 1300.2A
	(b) OPNAVINST 1300.15

1. **Policy.** Prior to transfer, officers are required to be medically screened under the references (a) and (b), and MILPERSMAN 1300-300 and 1300-800. Examples of screening requirements are Human Immunodeficiency Virus (HIV) testing and overseas screening requirements. Upon completion of the appropriate screening, health and dental records shall be updated, certifying completion of the required medical screening.